WEATHERFORD COLLEGE
1869
WORKFORCE EDUCATION

2021-2022 Special Circumstance Request Form

Student's Name:_____**Student ID #:** _____

Fiscal Year to Review:_____**Telephone Number:** _____

Email Address: _____

The Weatherford College Workforce Education Office has the authority to make professional judgement allowances in regard to students who have unusual and special circumstances that could affect their ability to pay for their education. If you feel you meet any of these categories or have other unusual circumstances, please complete the following, and return to Weatherford College Workforce Education Office at the address shown on the bottom of the WEG Special Circumstance Form.

This form is only for Student/Parent(s) you have filed a 2019 income tax return or provide documentation of not being required to file an income tax return. Please see IRS Verification of Non-Filing Letter if you did not file your 2019 taxes.

All documentation listed as needed for your special circumstance must be turned in at one time. No incomplete applications will be accepted. Additional documentation may be required by Workforce staff to complete your request for special consideration. Failure to comply will result in the denial of request.

Reason for Special Circumstance Request		
Reason (check box(s) below)	**Whose situation Changed in 2019 or 2020?**	**Documents Required (must pertain to person who had the loss)** ****All request must include letter of explanation****
☐ **Employment Loss** ☐ Layoff ☐ Termination	☐ Student ☐ Spouse ☐ Parent	1. **Employer Separation/Termination Notice or employer signed statement:** a. Must be on company letterhead b. Must document severance package (if received) c. Must specify effective date of separation/termination 2. **Copy of last 2019 or 2020 pay stub received from student/spouse/parent affected:** a. For **All** 2019 and/or 2020 employers 3. **Did or Will the person who had the job loss receive unemployment?** a. ☐ Yes ☐ No (**If yes, Unemployment Benefit Statement required**) 4. **Did or Will this person remain Unemployed for 2019 or 2020?** a. ☐ Yes ☐ No 5. **Is this person now employed?** a. ☐ Yes, Date employment began_____/_____ ☐ No
☐ **Divorce/Separation**	☐ Student ☐ Parent	1. **Copy of divorce decree or signed letter from lawyer** (must verify separation with intent to divorce) 2. **Specify date of divorce/separation**_____/_____
☐ **Death**	☐ Spouse ☐ Parent	1. **Copy of Death Certificate or full Obituary** 2. **Specify date death occurred:**_____/_____
☐ **Homelessness**	☐ Student ☐ Parent	1. **A formal letter from a clergy member, employer, counselor, or shelter worker verifying the student's status, or a McKinney-Vento letter/form**
☐ **Disability**	☐ Student ☐ Spouse ☐ Parent	1. **Medical documentation of disability and of any benefits received as a result of the disability** 2. **Income from all sources for 2020**
☐ **Other**	☐ Student ☐ Spouse ☐ Parent	1. **Documentation necessary to provide proof of your unusual circumstances** 2. **Loss of alimony, child support, etc. must be documented by appropriate court order or official documentation** 3. **Date(s) must be documented**

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Estimated Taxable and Untaxed Income	Whose Income?	Total Estimated Income	
☐ **Income earned from work**	☐ Student ☐ Spouse ☐ Parent	$ $ $	(Student) (Student's Spouse) (Parent)
☐ **Taxable Income** (Unemployment Benefits, Interest/Dividend Income, Rental Alimony, etc.)	☐ Student ☐ Spouse ☐ Parent	$ $ $	(Student) (Student's Spouse) (Parent)
☐ **Nontaxable Income** (TANF, SNAP, Social Security Benefits, WIC, Child Support, Worker's Compensation, etc.)	☐ Student ☐ Spouse ☐ Parent	$ $ $	(Student) (Student's Spouse) (Parent)

Certification Statement

All information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all Special Circumstance Applications are reviewed on a case-by case basis and this written request may not ultimately result in actual change in financial aid. **Purposely giving false or misleading information may result in a fine, imprisonment, or both.**

Student Signature_____ **Date** _____

Student Spouse Signature_____ **Date** _____
(If student is married)

Parent Signature_____ **Date** _____
(Dependent students must also include parent signature)

TO BE COMPLETED BY SCHOOL OFFICIAL

ACTION TAKEN		☐ APPROVED	☐ DENIED	DATE PRESENTED	
COMMITTEE AND TITLE				SIGNATURE	
	☐	APPROVED	☐ DENIED		
	☐	APPROVED	☐ DENIED		
	☐	APPROVED	☐ DENIED		